**FORM** N-13 (REV. 1996)

## Individual Income Tax Return 1996 **RESIDENT**

Name (If joint return, give first names and initials of both)    Color	_		AND	VHO DO NOT ITEMIZE DEDUCTIONS AND DO NOT CLAIM	ANDJUSTMENTS TO INCOME)	MD UNP	008 PNT	INT				
Present mailing or home address (Number and street, including apartment number or rural route)  City, town or post office, State and ZIP code  City, town or post office, State and ZIP code  City, town or post office, State and ZIP code  Spouse's occupation  CAMPAIGN FUND  If joint return, does your spouse want \$2 to go to the Hawaii Election Campaign Fund?		L TYPE	Name (If joint return, give first names and initials of both)  Last Name				Your social security number					
City, town or post office, State and ZIP code  HAWAII ELECTION  AMPAIGN FUND  I Single  I Single		E LABE	C/O		Spouse's social security number							
HAWAII ELECTION CAMPAIGN FUND    Do you want \$2 to go to the Hawaii Election Campaign Fund?		E STAT MISE PF	Present mailing or home address (Number and street, including apartment number or rural route)					Your occupation				
HAWAII ELECTION CAMPAIGN FUND  Do you want \$2 to go to the Hawaii Election Campeign Fund?		US OTHER	City,	own or post office, State and ZIP code	Spouse's occupation							
CAMPAIGN FUND    Ti joint return, does your spouse want \$2 to go to the fund?   Yes   No   Potential your divided   Yes   Yes	ſ		VAII E	LECTION Do you want \$2 to go to the Hawaii	Election Campaign Fund?	Yes						
2		CAN	1PAI		nt \$2 to go to the fund?	Yes						
Section   Sect			1	Single	(Check only ONE	box)						
To Qualifying widowlery with dependent of this dependent of the dependent		v	2	Married filing joint return (even if only one had in								
To Qualifying widowlery with dependent of this dependent of the dependent		S E	3	Married filing separate return. Enter spouse's so								
Caution:    If you can be claimed as a dependent on another person's tax return (such as your parents), do not check box 6a, but be sure to check the box below line 11.  6a    Yourself		STA	4									
Age 65 or over   Age			5	5 Qualifying widow(er) with dependent child (Year spouse died 19 ●).								
Age 65 or over   Age	• Щ	Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'),										
ROUND TO THE NEAREST DOLLAR  7 Wages, salaries, tips, etc. (attach Form HW-2; if unavailable, see item 5 on page 8 of Instructions)  8 Interest income (complete Part I on page 2 if over \$400)  9 Dividends (complete Part II on page 2 if over \$400)  10 Unemployment compensation (insurance).  11 Add lines 7, 8, 9 and 10	開		6a				Enter number of	<b>A</b> 1				
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Caution:  If you can be claimed as a dependent on another person's return, see page 9 of the Instructions and check here.  If you are married filing separately and your spouse itemizes deductions, see page 7 of the Instructions.  12 Standard deduction. If you checked filing status box:  13 Line 11 minus line 12. (This line MUST be filled in)			- 00	Total Hamber of exemptions diamed				AREST DO	DLLAR			
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or disabled, check applicable box(es) ● ☐ Yourself ● ☐ Spouse, and see page 9 of Instructions		111	0	on: • If you can be claimed as a dependent on	another person's return,				- 00			
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or disabled, check applicable box(es) ● ☐ Yourself ● ☐ Spouse, and see page 9 of Instructions	F											
15 Line 13 minus line 14. Enter the result (but not less than zero)							00					
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CAUTION: You may NOT file Form N-13 (you must file Form N-11 or N-12 instead) if any of the following apply to you:

- You are a part-year resident.
- You are married filing a separate return and your spouse itemizes.
- You received any capital gains distributions.

FORM N-13 Page 2

PARTI		Interest Income		PARTII		Dividend Incon	ne	
st the na	ames of th	e than \$400 in interest, you mude payers and the amounts of the Instructions for what interest.	f interest on the lines	distribut dividend tions on t	ions, list the n Is on the lines b hese lines. They	nan \$400 in ordina names of the pay below. Be sure to in will be deducted or n of ordinary dividen	ers and the nolude any no notine 3 below.	amounts of the ontaxable distribu- . See page 9 of the
	Na	ame of Payer	Amount		Name of Payer			Amount
				1				
				2 Total	Add above amo	ounts		
						s. (See Instructions		
Total in	nterest inco	me. Enter here and on				(line 2 minus line 3).		
Form I	N-13, line 8	(Whole dollars only)	00	here	and on Form N-13	3, line 9 (Whole dollar	s only) .	00
16	Toy Choo	k if from Tax Table; or Fo	m N 615 Computation	of Tay for Ch	ildran Lindar Aga	14 Who		
10		stment Income of More Than \$1			•		16●	00
17							100	00
10	Line 16 m	nservation Tax Credit (attach For	nn N-157)	•••••	175		18	00
		aii income tax withheld	•				10	00
		ail income tax withheld				00		
		Credit (attach Schedule X)				00		
190								
104	•					00		
		Child and Dependent Care Expen	•			00		
		·	chedule X)s) (attach a copy of the invoice)s)			00		
		· ·				00		
_		19a through 19g		,		Total >	20●	
		s larger than line 18, enter the a					21•	00
		s larger than line 20, enter the A						00
22		st for the late filing of your return						
21 22		st for the late filling of your return				•	22●	00
23	•	r penalty. (see page 10 of Instructions) Als	•	•			22.	1 00
	L3timated ta/	r perialty. (See page 10 of instructions) Al.	or include of file 21 of 22, write	never applies	25-	1 00		
24	If you do not	need Hawaii income tax forms mailed	to you next year because a ta	x preparer will p	orepare your return, o	check here, and you will	receive a preprin	nted label only ➤ •
		W		ARATION				
		penalties set forth in section 231 by knowledge and belief, is a true						
ome Ta	ax Law, Ch	ápter 235, HRS.	, , ,	,	,	,		
				_   >_				
	Your signatu	ıre	Date		Spouse's signature	(if filing jointly, BOTH r	must sign)	Date
		Preparer's				Preparer's socia	I security number	er
Paid		Signature				i Topalei 3 300la	. occurry mumb	Check if
	arer's	and date Firm's name (or yours				1	NI- N	self-employed
Paid Prep Infor	mation	if self-employed) and				Federal E.I.		
ı		address				ZIP Code >	•	

ZIP Code >

## **REMINDERS:**

- Check your arithmetic.
- Don't forget to sign your return. If married filing a joint return, both spouses must sign the return.
- Use your preprinted address label if you received one. Make any changes directly on the label.
- Be sure required attachments are attached. (HW-2s, Schedule X, etc.)
- File early using the preaddressed envelope if you received one.